STATE OF CONNECTICUT
STATE TEACHERS' RETIREMENT BOARD
21 GRAND STREET HARTFORD, CT 06106
Toll Free 1-800-504-1102 (860) 241-8414 Fax (860) 241-9295 www.ct.gov/trb

IMPORTANT NOTICE FOR TRB HEALTH INSURANCE PLAN

PREMIUM CHANGE DEFERRAL ANNOUNCEMENT
JANUARY 2005

The Teachers' Retirement Board (TRB) Health Plan is a self-insured health plan. The amount you have been paying for your coverage has been 25% of the budgeted premium amount for the TRB plan. The State of Connecticut also pays 25% and the health fund pays the remaining 50%. To insure the solvency of the health plan and the availability of subsidized health insurance coverage through the Teachers' Retirement System, Public Act 03-232 was passed to change the amount you pay for your health coverage (your contribution towards the premium) from 25% to 33% effective July 1, 2005. The State of Connecticut's portion will also increase from 25% to 33%. The remaining 33% will be paid for from the health insurance fund. Although annual premium increases normally occur on January 1 of each year, the Board Members governing the Teachers' Retirement System voted to defer this increase until July 31, 2005, when the 33% member contribution takes effect. The rate will be inflated due to the amount owed for the period December 31, 2004 thru June 30, 2005.

Your opportunity to change coverage remains October of 2004 for an effective date of January 1, 2005, or October of 2005 for an effective date of January 1, 2006. <u>You will not be given an opportunity to change your coverage when the premium change takes effect on July 31, 2005.</u> Please review your options carefully at this time, as you will be locked into your decision for the 2005 calendar year.

Member's monthly cost for 2005	**12/31/04 - 06/30/05**	**07/31/05 -11/30/05**
Medicare Suppl with Prescriptions	$51.00	$ 89.00
Medicare Suppl with Prescriptions & Dental	$84.00	$128.00
Medicare Suppl with Prescriptions, Dental, Vision & Hearing	$88.00	$132.00

Insurance premiums are paid on the last day of the prior month for coverage effective on the 1st day of the next month.

There are no coverage or limit changes for 2005.

<u>Health Coverage Change Requirements</u>

If a member and a spouse both have changes, you must each complete a separate form. **Forms must be received in this office by October 25, 2004.**

PLEASE RETAIN THIS DOCUMENT

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Website www.ct.gov/trb

HEALTH INSURANCE CHANGE FORM

This form is to be completed by members and spouses who are currently enrolled in a TRB Health Plan and are adding, dropping or terminating coverage.

- SUBMIT A COPY OF YOUR MEDICARE CARD EVEN IF YOU ARE CURRENTLY ENROLLED IN A STIRLING & STIRLING PLAN AND WISH ONLY TO CHANGE YOUR COVERAGE.
- ONE FORM FOR EACH PERSON CHANGING COVERAGE MUST BE RECEIVED BY OCTOBER 25, 2004.
- All changes will be effective JANUARY 1, 2005.
- **DO NOT SUBMIT THIS FORM IF YOU ARE STAYING IN YOUR CURRENT PLAN**.

	Cost per person per month Jan–July	**Aug-Nov**	**Check one(x)**
Medicare Supplement with Prescriptions	$51.00 monthly	$ 89.00	☐
Medicare Supplement with Prescriptions and Dental	$84.00 monthly	$128.00	☐
Medicare Supplement with Prescriptions and Dental, Vision & Hearing	$88.00 monthly	$132.00	☐
Cancel all TRB coverage effective January 1, 2005			☐

ALL ENROLLEES MUST PROVIDE THE FOLLOWING INFORMATION:

Enrollee's Last Name	First	Initial	Home Phone

Street Address	City	State	Zip Code

Social Security Number	Medicare Number	Date of Birth

PREMIUMS ARE DEDUCTED MONTHLY FROM THE MEMBER'S RETIREMENT BENEFIT.

Enrollee's Signature	Date

If you are enrolling as the spouse of a retired teacher, please furnish the following:

Retired Teacher's Name	Social Security Number

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PREMIUMS ARE DEDUCTED MONTHLY FROM THE MEMBER'S RETIREMENT BENEFIT.

Enrollee's Signature	Date

If you are enrolling as the spouse of a retired teacher, please furnish the following:

Retired Teacher's Name	Social Security Number